

# Office of Health Care Quality

## Psychiatric Rehabilitation Program

### Survey Tool

<b>Licensee Name</b>			
<b>Name of Surveyor</b>		<b>Affiliation</b>	
<b>Agency Contact</b>			
<b>Contact Number</b>			
<b>Type of Survey</b>		<b>Date of Survey</b>	
<b>CSA - Rep</b>		<b>Phone Number</b>	
<b>Program Information</b>			
<b>Program Name</b>		<b>Onsite/Off</b>	
<b>Program Address</b>			
<b>Number of Individuals</b>			
<b>Administrative Staff</b>			
<b>Program Director</b>			
<b>Rehabilitation Specialists</b>			
<b>Program Overview Question and Answer</b>			
<b>Rehabilitation and support Services-</b> Self Care, Hygiene, nutrition, Social Skills, Independent Living Skills, Mobility, money management, cultural activities 10.21.21.06 <b>Children</b> – self-directed leisure activities, activities schedule 10.21.29.04			
<b>Medication</b> Administration/ Monitoring Where Stored 10.21.21.06B			
Board of Directors /Advisory Committee <b>10.21.17.03</b>			
Discharge/Suspension from program Policy <b>10.21.07</b>			
<b>Staffing Schedule</b> Ratio 1:8 1:6 (Children) 10.21.21.08H & 10.21.29.07H On Call 24/7 10.21.21.03			
<b>Program Hours 10.21.29.07C &amp; 10.21.21.08 C</b> >30 PD and RS 20 Hours week 30-100 40 hours Licensed 100< PD40 & RS40			
<b>Rehab Specialist is 10.21.21.08G</b> Masters in •Creative Arts Therapist Rehab Counseling PSYCH Rehab, Vocational Rehab, or a Certified Rehab Counselor •Masters in Therapeutic Rec. Minors – Licensed Mental Health Professional			

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10.21.29.09G													
<b>Annual Program Services Outcome Report 10.21.17.D</b>													
<b>On Call/Emergency Response Plan 10.21.21.06 D, E,F and 10.21.29.07E</b>													
<b>Program File Review</b>													
<b>Documentation 10.21.29.04 ???</b>													
Fire Survey – On Site Only													
Compliance with state, federal, or local ordinances, laws, regulations, including zoning and safety													
<b>Personnel Records</b>													
	Staff Name		Position			Staff Name		Position					
1					4								
2					5								
3					6								
<b>Requirement 10.21.17.08 C</b>		<b>1</b>		<b>2</b>		<b>3</b>		<b>4</b>		<b>5</b>		<b>6</b>	
Current Job Classification													
<b>Resume including</b> 1. education (bachelors/AA-Children) 2. Relevant work experience. 3. specialized skills													
Proof of Certificate/licenses													
Background check (Children Only)													
Reference Checks													
Valid Drivers license (If transports)													
Annual Drivers report													
Orientation within 3 months													
<b>Orientation</b>													

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<b>includes</b>						
1. Individual rights						
2. Psych and medical emergency protocol including crisis management and suicide						
3. P&P						
4. Overview of service delivery system						
5. Required trainings						
6. EEO Policy						
<b>Required Training</b> within 3 months						
<b>10.21.17.09 HR Development</b>						
CPR						
First Aid						
Infection Control						
Emergency evacuation procedures						
Additional Quarterly Trainings						
Comments:						

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<b>Individual File Review</b>			
<b>1</b>	<b>Name of Individual</b>		<b>Services/Level of Support</b>
	<b>Date of Birth</b>		<b>Date of Admission</b>
<b>10.21.21.07 Eligibility</b>			
Within 5 days of referral was a face to face Assessment conducted, Within 5 more days was the applicant and ASO notified of acceptance			
<b>10.21.21.04 Enrollment</b>			
Was the applicant informed of in writing within 10 days			
<b>10.21.21.04 (2) Documented</b>			
<b>10.21.21.07 (3) Orientation</b>			
Informed of Rights and responsibilities			
Orientation to program			
<b>10.21.17.06 Record Maintenance</b>			
Contents include – Identifying information Name, sex, age, marital status, DOB, Emergency contact, Address and Telephone number			
Acceptance and initial service dates			
<b>Physical Examination – 10.21.21.05A</b>			
Physical completed within one year, Any Follow up			
<b>10.21.21.21.05B</b>			
Was a <b>face to face assessment</b> completed within 30 days of initiation of services by assigned staff (14 Days Minors)			
Document strengths skills and needs regarding: (i)Independent living (ii)Self administration and management of medications (iii) Housing (iv)Mobility (v)Social relationships and Leisure activities (vi)education/Vocational training (vii) employment (viii) Other challenges			
Current resources and support systems, Review of Legal Status			
Hx of Substance abuse			

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<b>If the individual is a child</b> Educational history and current placement, Home environment, Family History and current legal status	
<b>10.21.21.05C Evaluation and planning</b>	
<b>Individualized Rehabilitation Plan IRP within 30 days of admission by Rehab Coordinator</b>	
Based on 30Day Assessment	
Includes Strengths, needs, and Rehab expectations and responsibilities	
Description of Needed program services interventions / Other MH Services	
Identify staff responsible	
Description of how the needed skills and supports will help the individual to choose an environment or remain in environment of choice	
Rehab goals in measurable terms and target dates identified	
<b>RRP/GH Only</b> , Include Residential goals, Frequency of Residential Services, INTENSITY OF STAFF SUPPORT	
<b>IRP Review 10.21.21.05C(3)</b>	
<b>minimum of every 6 months</b> (3 Months Child) with individual, Document progress towards achieving goal, changes in intervention, goal changes	
<b>IRP and Review documentation 10.21.21.05 C4</b>	
Individual, Staff responsible for the implementation of plan, Rehab Coordinator/Treatment coordinator	
<b>Continuing Evaluation 10.21.21.05 D</b>	
<b>Progress notes monthly</b> , Progress towards goal achievement, Delivery of service, Change in status	
<b>Contact notes</b>	
<b>Housing Need Assessment 10.21.21.06 (If Needed) ???????</b>	
Assess Housing needs	
<b>Additional Comments:</b> Copys - ITP Original and Most Current -Progress Note – Significant and most recent	

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